Infant Child Treatment ACTION Project

INQUIRY PHASE: What We Learned

1) Our infant mental health service is not well known.

Not knowing about Aisling Discoveries is the first obstacle. If parents and professionals know of Aisling Discoveries, they do not know what we do, see us as working with children with "great" difficulties, and don't know we have specialized services for families with infants. Many are not sure what counseling is and what it involves.

2) Infant Mental Health is an often unknown term. When it is known, it is a confusing term that is misunderstood.

Most parents have not heard of infant mental health. When asked to comment on what the term infant mental health brings to mind, parents replied "mentally disturbed"; severe behaviour problems; adverse early life experiences like orphanages, foster care and domestic violence. Parents felt that mental health is not applicable to infants ("can a baby be depressed?"; "be anxious?"), and that they would wait until a child is older to see about mental health issues. Parents who did talk about the importance of social and emotional development did not see infant mental health as related to their own family.

Professionals knew the term but reported that they do not use it with families – it is "too broad" and confusing as well as stigmatizing, needs "softening". They noted physical, cognitive and communication delays are more readily observed and referred for assessment and intervention. Parents are more comfortable accessing these services, and when offered referrals to children's mental health agencies, prefer referrals to childcare.

3) Families have regular visits with their family doctor for their babies and toddlers and go to their doctors with their questions and concerns.

Family doctors were identified in both parent and professional survey data and focus groups as: an early and a regular point of contact for families with babies, an opportunity to learn about community programs available and gain parenting information, where parents go with their questions about their babies, and where professionals refer families with their concerns. There is a focus in Ontario of family-centred health care and early intervention.

4) There are some community services for Scarborough families with babies and toddlers.

These services are available to all families but are often not coordinated in terms of referrals and "shared care". Community agencies don't know about our infant mental health services and what we do and how we are the same / different from other services. That is, community professionals report it is difficult to know whom to refer, when to refer and which service to refer to. Many grassroots community services, ethno-cultural agencies and newcomer and immigrant services

offer peer support groups, parenting workshops and groups as well as individual and family counseling. Resources are scarce and funding is uncertain for community partners.

5) **Families experience barriers accessing infant mental health services.**
Parents and professionals reported not knowing about our service. Language was the most indentified barrier. Location, travel, timing of service, and childcare were also identified barriers. Stigma and different cultural values also prevent families from reaching out for help. In general, parents experience difficulty "accessing information on child and youth mental health" and "knowing where to go or what questions to ask". There is need for facilitated referral and enhanced service coordination.

6) **Parents are most concerned about their child's behaviour and their wellbeing.**
Professionals identified "feeding" as the behaviour of most concern to parents. Parents identified "hitting and biting". Professionals experience parents to be "hungry for information" and "wanting the best for their children" – parents want to learn about healthy child development and growth, and want to help their children learn and "be ready" so that they will do well in school. Parents identified as worrying about their parenting and equated counseling help with "knowing what to do" to take care of their baby.

ADAPTATION AND IMPLEMENTATION PHASE: Where Do We Go Next?

Two summative themes for the direction of our infant mental health service emerged from the Inquiry phase of the ACTION Project:

- greater outreach to ensure that parents from diverse backgrounds get an opportunity to understand how infant mental health services could be helpful to them, and
- reaching the parents and infants who are most vulnerable.

Future directions:

- build upon collaborations and partnerships,
- adapt & evaluate current assessment & interventions to make them more culturally competent, and
- introduce innovative activities to address at-risk, identified, and specific needs
    - Scarborough Postpartum Support Network
    - Crying Clinic

Scarborough Postpartum Support Network

Untreated maternal depression adversely affects the functioning of the entire family (Beardslee, 2007) and may have detrimental effects for her infant's development, especially her infant's mental health (Stewart et al, 2003).

The etiology of perinatal mood disorders is multifactorial. Social and economic stressors put Scarborough women, their infants & their families at increased risk for developing perinatal mood disorders.

- There were 7,228 births in Scarborough (Stats Canada, 2007).
- Incidence of perinatal mood disorders is said to be 13-15% of postpartum women with an incidence of 42% amongst immigrant women/ refugee women.
- Scarborough women born outside of Canada accounted for over 75% of local births in each year between 2003 and 2007. (IntelliHEALTH Ontario, Extracted: Nov 2011).

SPSN is a community collaboration of 8 different partner agencies and the two Scarborough hospitals. Member agencies provide peri-natal services ranging from community referrals and peer support to mental health interventions and psychiatric assessment and intervention. SPSN aims to provide multifaceted, holistic and integrated treatment that will include increased access for vulnerable, marginalized populations, enhanced coordination of and expedited access to existing services, partnership with adult mental health, and imbedded research and evaluation.

Crying Clinic

Infant mental health is an unknown, misunderstood and potentially stigmatizing term. Families with their infants access services other than mental health, and most especially go to their family doctors. There are universal and secondary intervention services for Scarborough families and their infants – there is a need for infant mental health to provide tertiary intervention services to vulnerable families.

Families are concerned about their infant's development and equate counseling with "knowing what to do". Excessive infant crying is stressful, and is linked to maltreatment and maternal depression.

We are exploring a pilot project for vulnerable families:

- Would a "**Crying Clinic**" better address the concerns parents identify?
- Would a "Crying Clinic" increase accessibility to infant mental health and overcome the barriers of stigma and misunderstanding?
- Could "crying" be a lead in to infant mental health?
- Is integration of a **"Crying Clinic**" with primary medical care feasible?